

MINDFUL WELLNESS CENTER, PLLC

NOTICE OF PRIVACY PRACTICES

(Effective date May 1, 2015)

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The Health Insurance Portability & Accountability Act of 1996 ("HIPAA") is a federal program requiring that all medical records and other individually identifiable health information used or disclosed by this office in any form are kept properly confidential. As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

In order to provide you with quality care and to comply with certain legal requirements, we create a record of the care and services you receive at this office. This notice applies to all of the records of your care generated by this office.

We may use and disclose your medical records only for the following purposes: treatment, payment, and health care operations. For clarification we include examples. Not every possible use or disclosure is specifically mentioned; however, all of the ways we are permitted to use and disclose your medical information fit within one of these three categories.

1. Treatment: Includes providing, coordinating, or managing health care and related services by one or more health care providers; for example, medication review or therapy session.
2. Payment: Includes such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review; for example, we may need to give your health plan information about treatment you received here so your health plan will pay us for the treatment. We may also tell your health plan about a treatment you are going to receive to obtain prior authorization or to determine whether your plan will cover the treatment.
3. Health care operations: Includes the business aspects of our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. We may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. These uses and disclosures are necessary to run our office and make sure that all of our patients receive quality care.

We may also create and distribute de-identified health information by removing all references to individually identifiable information, and we may use this information to study health care and health care delivery without learning the identity of specific patients. We may combine medical information about many of our patients to assess what additional services might be offered, what services are not needed, and whether certain treatments are effective.

MINDFUL WELLNESS CENTER, PLLC

NOTICE OF PRIVACY PRACTICES

(Effective date May 1, 2015)

We may disclose information to staff psychiatrists, psychologists, or social workers for review and education purposes.

We may contact you to remind you of or to schedule appointments at this office, or to advise you about treatment alternatives or other health-related benefits and services that may be of interest to you.

We will disclose medical information about you when required to do so by federal, state, or local law. If you are involved in a lawsuit or a dispute, we may use your medical information to defend the office or to respond to a court order.

We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already used or disclosed information relying on your authorization.

You have the following rights with respect to your protected health information, which you can exercise upon written request to our Privacy Officer:

- The right to request restrictions on certain uses and disclosures of protected health information. We are, however, not required to agree to your request for a restriction. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.
- The right to inspect and copy your medical information, with the exception of any psychotherapy notes. A fee may be charged for the costs of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed. For information regarding a review contact our Privacy Officer.
- The right to amend your protected health information. If you believe that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by this office. To request an amendment, your request must be made in writing to our Privacy Officer. We may deny your request for amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that was not created by us, that is not part of the medical information kept by this office, that is not part of the information which you would be permitted to inspect and copy, or that is accurate and complete.

MINDFUL WELLNESS CENTER, PLLC

NOTICE OF PRIVACY PRACTICES

(Effective date May 1, 2015)

- The right to receive an accounting of disclosures. This is a list of the disclosures this office has made of your medical information. To request this accounting of disclosures, you must submit your request in writing to our Privacy Officer.
- The right to reasonable requests to receive confidential communications of protected health information from us only in a certain manner. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to our Privacy Officer. We will accommodate all reasonable requests.
- The right to receive a paper copy of the current Notice from us upon request.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy policies with respect to protected health information. We are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to revise this notice. Any revised notice will be effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of any revised notice in this office. Any revised notice will contain the effective date on the first page.

If you believe your privacy rights have been violated, you may file a complaint with this office or with the Secretary of the Department of Health and Human Services, Office of Civil Rights. To file complaint with this office, contact our Privacy Officer. *All complaints must be submitted in writing.* THIS OFFICE WILL NOT RETALIATE AGAINST YOU NOR PENALIZE YOU IN ANY WAY FOR FILING A COMPLAINT.

I have read and understand the notice of privacy practices.

Signature _____ Date _____

Name _____